

FILED NOV 1 1948

5393

50

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Douglas
 (b) City or town Ava, Rural, Benton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

John David Snow

3. (b) If veteran, No
name war

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louie Hartley Snow 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased October 7, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 1 hr. min.

9. Birthplace Nevada, Missouri (City, town, or county) (State or foreign country)
Farming

10. Usual occupation

11. Industry or business

12. Name David Snow13. Birthplace Tenn (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Lula m Snow (City, town, or county) (State or foreign country)16. (a) Informant Route 4, Ava, Missouri

(b) Address

17. (a) Burial (b) Date thereof 10-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Arno18. (a) Signature of funeral director Clinkingbeard Funeral(b) Address Ava, Missouri Home19. (a) 10-21-48 (b) Vesta Bush
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas
 (c) City or town Ava, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
 year 1948 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from 7-4
1948 to 10-8-48
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Toxemia 24 hrDue to Chronic Nephritis 20 yrsDue to Ca of Hip 7 yrsOther conditions Ca of Hip

(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:

Of operations

Of autopsy 45 ft

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. C. Gentry (M. D. or)Address Ava, Mo Date signed 10-11-48

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,
District File Number 1048-1219
Date Filed 10-29-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

C. A. Roof

Licensed Embalmer No. _____

3044

P. O. Address _____

Spinnerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov
Registrar's No. 50

Registration District No. 108 Primary Registration District No. 5393

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community
years, months or days

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex M
Color or race W

5. Color or race W
6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 18 years

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

81

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov
year 1948 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from
to to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.
Immediate cause of death: Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-32479